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**District of Columbia Real Estate Board
Continuing Education Provider
PROVIDER APPROVAL APPLICATION**

SECTION 4 – PROVIDER CERTIFICATIONS

I certify that this provider is in compliance with all Federal and District laws, including laws regarding discrimination based on sex, race, religion, age, physical disability, sexual orientation, or national origin. I further certify that the information contained in this application is true and complete, and that our school/organization will employ an instructor approved by the Board.

Director/Executive Signature (*name must be same as provided on side one*)

Date (Required)

INTERNAL USE ONLY

Provider ID Number

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ASI ROUTING INFORMATION

Date Received by DC

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Initial Screening Check: (Circle Answer)

Provider Signature

YES

NO

DC Action Log

Action Date

		/			/				
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APPROVED

☐

DENIED

☐

Approver Signature _____

Entered into CE System

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Provider Notification Date

		/			/				
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Forward this form, along with at least one Course Approval Application to:

**Schanolia Barnes, Education Specialist
DC Real Estate Board/OPLA**

Standard Mail:

P.O. Box 37200
Washington, DC 20013-7200

Overnight Mail:

941 Capitol St., N.E.
7th Floor, Suite 7200
Washington, DC 20022